

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	UT	68107	4/28/00
O.I.P.E. CLASSIFIER	ESD		4/30/00
FORMALITY REVIEW	ER	10029	7/31/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 " Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	9/1/00
2	✓	✓	9/1/00
3	✓	✓	9/1/00
4	✓	✓	9/1/00
5	✓	✓	9/1/00
6	✓	✓	9/1/00
7	✓	✓	9/1/00
8	✓	✓	9/1/00
9	✓	✓	9/1/00
10	✓	✓	9/1/00
11	✓	✓	9/1/00
12	✓	✓	9/1/00
13	✓	✓	9/1/00
14	✓	✓	9/1/00
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26	✓	✓	9/1/00
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42	✓	✓	9/1/00
43	✓	✓	9/1/00
44	✓	✓	9/1/00
45	✓	✓	9/1/00
46	✓	✓	9/1/00
47	✓	✓	9/1/00
48	✓	✓	9/1/00
49	✓	✓	9/1/00
50	✓	✓	9/1/00

Claim	Final	Original	Date
51	✓	✓	9/1/00
52	✓	✓	9/1/00
53	✓	✓	9/1/00
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97	✓	✓	9/1/00
98	✓	✓	9/1/00
99	✓	✓	9/1/00
100	✓	✓	9/1/00

Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here

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